ISSUE BRIEF

CMHS/CSAT Collaborative Program to Prevent Homelessness

Overview

Key risk factors for homelessness include poverty, lack of permanent, affordable housing, and disability. Untreated mental illness, substance abuse, and co-occurring disorders can also increase the risk of becoming homeless. It is estimated that 20% to 25% of homeless adults have a history of serious mental illness, 50% have a history of substance abuse or dependence, and a substantial proportion have co-occurring mental health and substance use disorders.

The prevalence of these disorders underscores the need for effective strategies to help people secure and maintain stable housing. To evaluate promising approaches to prevent and/or reduce homelessness among individuals at risk, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) launched the Collaborative Program to Prevent Homelessness. This brief highlights findings from this program.

Study Organization

The Collaborative Program to Prevent Homelessness was organized into two phases. During phase one, 12 one-year grants were awarded to document interventions designed to prevent homelessness among adults who were formerly homeless or at risk for homelessness, and who were engaged in the mental health and/or substance abuse treatment systems. The program focused on three common pathways to homelessness:

- the loss of housing
- diminished family support
- management of financial resources

In phase two, 8 of the 12 grantees were selected to evaluate the program documented in phase one. This second phase of the study included cross-site and project-specific studies of the interventions.

Six of the eight sites were mental health programs and two were substance abuse treatment programs. While diverse in their settings and approaches, the sites shared five key components:

- connection to, or provision of, safe and affordable housing options
- flexible case management services
- linkages to mental health and/or substance abuse treatment
- money management
- a range of community support services

Table 1 outlines the general treatment approaches the sites used for each of the five key components. Four of the sites focused on preventing homelessness for those at risk, while the other four focused on reducing homelessness for people who were already homeless. All sites offered flexible case management. The approach to case management ranged from assertive community treatment (ACT) teams where services were delivered by mobile multidisciplinary teams, to individual case managers with low to moderate caseloads.

Table 1. Key Program Components

		Connection to/ Provision of Housing and Related Services				Flexible Case Management Services			Link to MH and/ or SA Treatment		Resource Management		Community Support Services			
	Sites	Permanent housing	Transitional housing	Housing advocacy	Respite care	Mobile clinical team (ACT/CTT)	Dyadic case management	Intensive case management	Integrated MH/SA treatment	Linkages to treatment	Representative payee	Money management	ADL training	Employment services	Social supports	Child care/Parenting skills
Prevention	Barbour & Floyd			✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	
	Community Counseling Centers of Chicago			✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	
	Gaudenzia	✓	✓					✓		✓		✓	✓	✓	✓	✓
	Project H.O.M.E.	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓	
Reduction	Arapahoe House	✓	✓	✓			✓	✓	✓	✓		✓	✓	✓	✓	
	Boley Centers	✓	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓	
	Community Connections	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
	Pathways to Housing	✓				✓		✓		✓	✓	✓	✓	✓	✓	

Homelessness Prevention

- Low levels of homelessness at intake
- Engagement/enrollment from local community mental health centers, departments of social services, mental health authorities, hospitals, or criminal justice system

Barbour and Floyd
Los Angeles, CA

This family-focused intervention included in-home services and utilization of the home environment to provide family support, psychoeducation, and skills development.

Community Counseling Centers of Chicago
Chicago, IL

This program evaluated a voluntary representative payee/money management approach to preventing homelessness.

Gaudenzia
Philadelphia, PA

This program provided a highly structured therapeutic environment with homelessness prevention services to substance abusing women and their children.

Project H.O.M.E.
Philadelphia, PA

This program took a continuum of care approach that included outreach, housing, case management, education, and employment.

Homelessness Reduction

- High levels of homelessness at intake
- Engagement/enrollment primarily from street outreach, emergency shelters, and safe havens or other low-demand transitional residential settings

Arapahoe House
Thornton, CO

This program intervened to prevent housing loss, but was primarily focused on the use of dyadic case management (e.g., a pair of case managers with expertise in substance abuse and mental health treatment issues) to enhance housing stability.

The Bofey Centers
St. Petersburg, FL

This program integrated housing, housing-related support services, and access to independent treatment and rehabilitation services.

Community Connections
Washington, DC

This program used a residential continuum model that integrated treatment and housing.

Pathways to Housing
New York, NY

This program emphasized immediate access to an independent apartment without housing readiness or treatment requirements as well as the provision of support services on the tenants' terms.

Table 2. Participant Characteristics

	Arapahoe House	Barbour & Floyd	Boley Centers	Community Connections	Community Counseling Centers of Chicago	Gaudenzia	Pathways to Housing	Project H.O.M.E.	Total
Number of participants	244	82	60	109	69	127	204	131	1,026
% Female	11%	48%	48%	52%	26%	100%	23%	53%	40%
Average age in years	40	42	40	39	43	33	41	46	41
% With no high school diploma or equivalent	31%	37%	25%	43%	41%	52%	43%	41%	39%
% Homeless at intake	84%	4%	27%	84%	9%	38%	96%	16%	57%
Average years homeless in lifetime	4.5	1.1	1.4	3.3	2.0	1.1	6.5	5.1	3.8
% Time literally homeless*	40%	4%	9%	36%	10%	3%	49%	5%	25%
% Time functionally homeless*	61%	11%	40%	55%	18%	26%	65%	7%	42%

* In 6 months prior to baseline.

Cross-Site Evaluation and Findings

Key Evaluation Questions

- What were the characteristics of study participants?
- Did participants show:
  - increased housing stability and reductions in homelessness?
  - reductions in psychiatric symptoms?
  - reductions in substance use?
  - improved quality of life?

Participant Characteristics

The demographics of the populations at the eight sites varied greatly (see Table 2). Across the sites, there were slightly more male than female participants, with one site serving only women. Participants ranged in age from 18 to 70, with an average age of 41 years. Almost half (47%) were African-American. Eleven percent identified themselves as Hispanic or Latino. More than half (57%) reported being homeless at baseline, and most (89%) indicated that they had been homeless at some point in their lives. Nearly two-thirds (65%) had been admitted to a hospital for a psychiatric illness at least once in their lives, with an average of five hospitalizations per study participant. At entry into the study, 16 percent of participants were employed. Almost half (43%) received some income from entitlements, and approximately one-quarter (26%) received food stamps.

Housing Stability

Across the sites, participants in all programs showed reductions in homelessness and increases in the number of days housed. More importantly, participants in the intervention programs showed greater improvements – both short- and long-term – than participants in the comparison groups.

However, the intervention programs at some study sites had a greater ability to offer access to affordable housing for consumers (that is, the agency owned all or most buildings in which housing was located or had vouchers for the housing units offered to consumers) relative to their comparison programs. Sites where this difference was more pronounced had greater reductions in homelessness and increases in stable housing compared to other sites. These improvements translated into a 41-day increase

CONTINUED ON PAGE 5

in stable housing and a 10-day reduction in literal homelessness, or a 28-day reduction in functional homelessness.*

Furthermore, participants at study sites that could offer direct access to housing, as opposed to linkage and referral, showed a significant improvement in the number of days stably housed regardless of psychiatric symptomatology.

Psychiatric Symptoms

Overall, participants in both intervention and comparison programs showed reductions in mental health symptomatology. Furthermore, participants in the intervention programs showed greater reductions in psychiatric symptoms relative to participants in the comparison programs, with a larger improvement apparent at 1 year.

Substance Use and Quality of Life

Across the sites, substance use was reduced and quality of life was improved regardless of whether participants were in the intervention or the comparison programs. This suggests that paying attention to things that affect residential stability – regardless of type or intensity – can result in positive changes in these key areas.

**Literally homeless* is defined as time living on the street or in a shelter. *Functionally homeless* includes time hospitalized if the individual was homeless before and after the hospitalization.

Site-Specific Findings

Promising Practices

Combining Housing and Supportive Services

Results from Community Connections, Pathways to Housing, and the Boley Centers suggest that combining housing and other services (clinical and/or housing-related support services) is an important factor in reducing homelessness and increasing residential stability.

Consumer Choice

Findings from Pathways to Housing's evaluation indicate that honoring consumer choice in housing and services (by allowing consumers to determine the sequencing, intensity, and frequency of services) matters in maintaining stable housing.

Money Management

Results from Community Counseling Centers of Chicago and Pathways to Housing suggest that money management can help to increase housing tenure.

Parenting Skills

For homeless mothers with substance abuse problems, Gaudenzia's evaluation findings suggest that residential treatment programs that focus on parenting skills and improving mother-child relationships are associated with improved psychological functioning of the mother and an increased number of children living with the mother.

Conclusions

These findings suggest that residential stability in safe, affordable housing is an attainable goal for the vast majority of people who are homeless and who have serious mental illnesses and/or substance use disorders. Likewise, this research suggests that with appropriate levels of support, particularly during the critical transition from homelessness to residential stability, many people who have been homeless for short or long periods of time can live successfully in independent housing.

Another feature of the programs that helped explain differences in residential outcomes was overall strategy. Participants at sites focused primarily on reducing homelessness showed greater improvement in residential outcomes during both follow-up periods than participants at prevention-focused sites. This finding suggests that reducing homelessness for those who are currently or recently homeless is more effective than trying to prevent homelessness among persons at risk. It is a reminder of the difficult nature of the task at hand. Prevention programs targeting individuals at-risk will end up reaching only a small number of those who indeed become homeless.

Regardless of the intervention, persons with serious mental illnesses face persistent poverty and a lack of affordable housing – a fact that may make homelessness reduction more achievable than full-scale prevention. More affordable housing opportunities, coupled with integrated mental health and/or substance abuse treatment and money management, would seem to be an effective strategy for preventing homelessness among people with serious mental illnesses and/or substance use disorders.

Reorder Code: 3.1

For more information or additional copies, contact:
SAMHSA, Center for Mental Health Services
National Resource Center on Homelessness and Mental Illness
800-444-7415
http://www.nrchmi.com
http://www.samhsa.gov/centers/cmhs/cmhs.html

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

10386.0902.21938